Name	Approx Cost
(i) Setectorn LDR	Rs. 20,00,000/-
(ii) Micro Selectron HDR	Rs. 1,38,61,367/-
(iii) Brachytherapy Ultrasound	Rs. 76,49,165/-
(iv) GE Simulator	Rs. 3,56,256/-

The reason for non-utilization are that Dr. B.R. Ambedl<ar IRCH expansion/construction work in the ground and the first floor is still continuing. As a result of on going renovation work it is not feasible for Dr. B. R. Ambedkar, IRCH to use these expensive machines and these can be put to use again as soon as the remodeling/renovation work is over.

Special plan to bring down fertility rate

502. SHRI C. R THIRUNAVUKKARASU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any special plan has been formulated to bring down total fertility rate in the States of Uttar Pradesh, Rajasthan, Madhya Pradesh and Bihar, the highest in the country;

(b) if so, the details thereof;

(c) if not, the reason therefore;

(d) whether Government has examined the causes for not achieving the target by these four States;

(e) if so, the details thereof; and

(f) the measures suggested to achieve aTFR not exceeding 2.1 per cent by 2010?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) Yes, Sir. In pursuance of the commitment made in National Population Policy 2000, an Empowered Action Group has been constituted vide order dated 20th March 2001 for assisting demographically weaker States in the preparation of area specific programmes. The States of U.R, Rajasthan, M. P. and Bihar are the members of the EAG. A key objective of the EAG is to assist these States to achieve TFR of 2.1 by 2010.

(d) and (e) The high fertility rates In these states are on account of the large size of the population in the reproductive age group; unmet needs for contraception, high infant mortality rates; early marriage and low literacy levels, especially among women etc. The service delivery mechanism in these states is weak on account of the inadequate health infrastructure poor governance, and mobilization of public opinion.

(f) The Empowered Action Group is assisting States in preparing their strategies for achieving TFR of 2.1 by 2010. Major strategies are as follows;

Improving primary health Infrastructure through (a) capital investment; (b) provision of financial assistance to hire medical and para-medical personnel on contract basis at decentralized levels; (c) Emphasis on training for all healthcare providers, (d) Mobilizing community support through Involving NGOs, civil society; {e) convergence with other developmental programmes; (f) improved supply and availability of contraceptives; and (g) improving access to quality care and emergency obstetric care services etc.

Free medical treatment

503. SHRI RAJKUMAR DHOOT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have drawn any proposal/scheme to provide free medical treatment in all Government hospitals and dispensaries to poor patients;

(b) if so, the details thereof alongwith the funds allocated for the purpose;

(c) the number of new hospitals and dispensaries required to cover entire population of the country; and

(d) the details of new hospitals ad dispensaries likely to be operational by March, 2004 and how many are planned thereafter?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI SHATRUGHAN SINHA): (a) and (b) In so far as three Central Government Hospitals, namely, Dr. R.M.L. Hospital, Safdarjung Hospital and LHMC & its Associated Hospitals in Delhi are concerned, medical treatment is provided free of cost to the poor patients.